

APPLICATION FOR LICENSURE AS AN

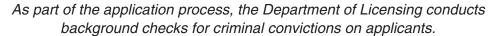
ARMED PRIVATE INVESTIGATOR

BUSINESS AND PROFESSIONS DIVISION PUBLIC PROTECTION UNIT PRIVATE INVESTIGATOR SECTION PO BOX 9048 OLYMPIA, WA 98507-9048 (360) 664-6611 FAX (360) 570-7888

						FOR VAI	IDATION ONLY			
]·	New Applicant \$100.00 (In Fransfer/Rehire \$25.00 (In Make check payable to: STATE TR	addition	to renewal fee,		lication f	ee)				
Applicant should either already be licensed as an unarmed							001-070-299-0014			
oriv nve	ate investigator OR submit a cestigator application and fee	complete with this	d unarmed priva application.	ite		Departm Public P PO Box		r remittan	ce to:	
Ap	plicant Information	Please t	type or print clear	rly and sign on	page 2		, WA 98507-9048			
Арр	icant's Last Name		First Name			Middle Initia	I Date of Birth			
Арр	icant's Residence Address (Street))								
City				State	Zip Cod	e	Home Telephone No.			
,,,,							()			
				Social Security	y No. <i>(per F</i> i	CW 26.23.15	Gender			
	U.S. Citizen	Resident	Alien				☐ Male	☐ Fem		
3us	ness Name				Compar	ny Lic. No.	Company Lic.	Expiration D	ate	
3us	ness Address (Number and Street))								
City				State	Zip Cod	e	County			
	naca Talanhana Na			Fay No.						
Bus ′	ness Telephone No.			Fax No.						
(Ce	rtification Course			()						
Y	rtification Course ou are required to complete riminal Justice Training Com	mission v	vill notify the De	ertification co	censing	directly whe	en you have met this r			
Y	rtification Course ou are required to complete	mission v	vill notify the De	ertification co partment of Li- yes" to any, at	tach a se	directly who	en you have met this r			
Ce Y C	ou are required to complete riminal Justice Training Complicant - respond to all question Have you ever been found guil	ns below Ity of divul	. If you answer "y	ertification co partment of Li- yes" to any, at information ob	ttach a se	parate sheethe course of	en you have met this ret with explanation. of an investigation to	equireme	nt.	
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Ce Ye	ou are required to complete riminal Justice Training Complete riminal Just	ns below Ity of divul Ity of make ation? Ity of income could he ty of accements on could he ty of accements are obtained.	. If you answer "y ging confidential ing a material mi impetence or neg ave been harmed pting employmen in the course of	ertification copartment of Lie yes" to any, at information ob sstatement or gligence that red? t that was adver	ttach a se otained in omission esulted in erse to a c ent by the	parate sheet the course of in the application injury to a parameter of the	en you have met this ret with explanation. of an investigation to cation for or renewal erson or created an	Yes	nt.	
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If any conviction was dismissed, please enclose copies of the court documents.

sign on page 2



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Please provide one clear fingerprint card with this application.

Certification - Mandatory Signature	
I,	to the best of my knowledge. I understand that should on for a private security guard license, it constitutes the Department of Licensing may conduct a complete
X Signature of Applicant	Date
Authorization - Voluntary Signature	
1	, voluntarily authorize the Department of Licensing to
Print Applicant's Name (First, Middle, Last)	
release any and all criminal history information so obtained to	my employer, or to my prospective employer.
X Signature of Applicant	Date

UPON FILING, THIS APPLICATION BECOMES A PUBLIC RECORD AND IS SUBJECT TO PUBLIC DISCLOSURE PROVISIONS PURSUANT TO RCW 42.17